CO 1 Livillana	neawork Reduction Act of 1995	U.S 5. no persons are required to respond to a c	. Patent and T	mdomad Office:	PTO/SB/21 (07-06) e through 09/30/2006. OMB 0651-0031 U.S. DEPARTMENT OF COMMERCE t displays a valid OMB control number
	DEIWOIN REGUCTION ACCOUNTS	Application Number	10/784,45		CONSTRUCTION OF THE PROPERTY O
TRANSMITTAL		Filing Date	February 2	February 23, 2004	
FORM		First Named Inventor	Allan Cha	Allan Charles Webb	
		Art Unit	3682		
(to be used for all correspondence after initial filing)		Examiner Name	Lenard A.	Lenard A. Footland	
Total Number of Pages in This Submission		Attorney Docket Number	626220-51	626220-510-021	
ENCLOSURES (Check all that apply)					
Amendment A A Extension Express A Information Certified C Document Reply to I Incomple	smittal Form ee Attached ent/Reply fter Final ffidavits/declaration(s) n of Time Request Abandonment Request on Disclosure Statement Copy of Priority nt(s) Missing Parts/ te Application eply to Missing Parts nder 37 CFR 1.52 or 1.53	Drawing(s) Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocat Change of Correspondence Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on C	ion Address	After Appe of Ap Appe (Appe	Allowance Communication to TC al Communication to Board peals and Interferences al Communication to TC al Notice, Brief, Reply Brief) ietary Information s Letter Enclosure(s) (please Identify)):
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT					
Firm Name Signature	1/	()			
H. Vuane Surger					
Printed name H. Duane Switzer					
Date September 6, 2006			Reg. No.	Reg. No. 22,431	
CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:					
Signature H. Duane Swize					
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This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/17 (07-06) Approved for use through 01/31/2007. OMB 0651-0032 SEP 1 1 2006 U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number Under the Paperwo Complete if Known Effective on 12/08/2004. Effective on 1 200 2004.

The Consolidated Appropriations Act, 2005 (H.R. 4818). 10/784,459 Application Number TRANSMITTAL Filing Date February 23, 2004 For FY 2005 Allan Charles Webb First Named Inventor **Examiner Name** Lenard A. Footland Applicant claims small entity status. See 37 CFR 1.27 Art Unit 3682 TOTAL AMOUNT OF PAYMENT -0-626220-510021 Attorney Docket No METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): ✓ Deposit Account Deposit Account Number: <u>501432</u> Deposit Account Name: Jones Day For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **EXAMINATION FEES FILING FEES** SEARCH FEES **Small Entity Small Entity** Small Entity Fees Paid (\$) Application Type Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Utility 300 150 500 200 100 250 Design 200 100 100 50 130 65 Plant 200 300 160 100 150 80 Reissue 300 150 500 600 300 250 200 Provisional 100 2. EXCESS CLAIM FEES **Small Entity** Fee (\$) Fee (\$) Fee Description 50 25 Each claim over 20 (including Reissues) 200 100 Each independent claim over 3 (including Reissues) 180 Multiple dependent claims 360 **Multiple Dependent Claims Total Claims** Extra Claims Fee Paid (\$) Fee (\$) Fee Paid (\$) - 20 or HP = ____-O-____x Fee (\$) HP = highest number of total claims paid for, if greater than 20. Fee Paid (\$) Extra Claims Fee (\$) Indep. Claims 4 - 3 or HP = -0- x HP = highest number of independent claims paid for, if greater than 3. If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof Extra Sheets **Total Sheets** __ (round up to a whole number) x - 100 = 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): Registration No. 22,431 Telephone 216-586-7283 (Attorney/Agent)

SUBMITTED BY Signature Date September 6, 2006 Name (Print/Type) H. Duane Switzer

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